

NAME (LAST)	(FIRST)	(M.I.)
HALLORAN,	JOHN	J.

EMPLOYEE NO.	SOCIAL SECURITY NO.
[REDACTED]	[REDACTED]

DATE OF BIRTH			DATE OF APPOINTMENT		
(DAY)	(MONTH)	(YEAR)	(DAY)	(MONTH)	(YEAR)
[REDACTED]		1959	08	April	1985

DATE OF PHOTOGRAPH:



CPD - 62.328 (12/73)

PERSONNEL PHOTOGRAPH/CHICAGO POLICE



RETIREMENT / RESIGNATION SUBMISSION RECEIPT #4502

Tracking No. 4502

Last Nme HALLORAN

Star No. 20453

First Nme JOHN

Employee No. [REDACTED]

Middle Initial J

Unit Assigned No. 610

Employee Position PO AS DETECTIVE

Senlorlty Date 08-APR-1985

Career Service Date

Appointed Date 08-APR-1985

Action Type RETIREMENT

Business Close Date 15-MAY-2017

Effective Date 16-MAY-2017

Status APPROVED

Remarks

I acknowledge that Personnel Exit Interview Report (PER-78) and signed ethics statement must be completed prior to retirement/resignation: Y

I acknowledge that my retirement cannot be withdrawn once it's approved: Y

As a member aged 55 to 59 years old, I elect to participate in the retirement health care benefit. I understand my payout for compensatory time will be according to the schedule agreed to by my Union.

Employee Signature

Unit CO/ Supervisor Signature _____

☒ TIP PER 78 EXIT INTERVIEW REPORT MUST BE COMPLETED BY UNIT.



三、

CHICAGO POLICE
L-1000-10000
24 APR 2017 15 00

CITY OF CHICAGO
Department of Human Resources
End of Employment Form
 COMPLETE ONLY IF EMPLOYEE IS LEAVING CITY SERVICE

Print Form

Name (Print) HALLORAN, JOHN J.
 Employee Number 15 MAY 17
PO AS DEPOSE
 Title Police
 Department 1180
 Home Address 60688
08 Apr 85 15 May 17 15 MAY 17
 Start Date with City Last Day Worked Payroll
 Salary at time of separation (Year) \$ 103,932
 Vacation Pay after Last Day Worked, if any.

\$ 08 From 08 Thru 08
 Tuition reimbursement? No Yes.
 If yes, contact DHR - Finance Administration division.
CAROL BRENNAN DEENHART (312) 747-8380
 Name of Immediate Supervisor Telephone Number

DATE 14 Apr 17

***Reason for Leaving (Check most appropriate reason)**

01 Other employment X 06 Retirement 11 Working Conditions
02 AWOL 07 Marriage 12 Promotional opportunity
03 Family responsibilities 08 Maternity 13 Compensation
04 Return to school 09 Relocation 14 Hours
05 Military service 10 Supervision 15 Leave of Absence-Personal
16 No reason given 17 Resignation 18 Termination For Cause
 Other _____

***Items received from employee (please initial)**

✓ Keys Pager Lap-Top, PDA Cell Phone BlackBerry
✓ City I. D Card External Memory (flash drive) Security Card

Current address and phone? ✓ Yes No

If no, complete **Change of Address Form** and send it to DHR - RIMS division.

*Additional comments required _____

Preparer's Signature [Redacted] Title COMMUNICK Phone Number 7-8380
 Employee Signature [Redacted] Date 14 Apr 17

*Departments MUST submit supporting documentation to DHR

24 APR 2017 15
 Revised on 6/25/2010 PER 78



Chicago Board of Ethics
740 N. Sedgwick, Ste. 500
Chicago, IL 60654
312-744-9660

NOTICE TO CITY EMPLOYEES OF ETHICS RULES CONCERNING POST-CITY EMPLOYMENT

The Governmental Ethics Ordinance, Chapter 2-156 of the Municipal Code of Chicago, contains post-employment restrictions that apply to all former employees and officials of the City.

For example, as a former employee of the City, you are required to comply with section 2-156-070, entitled "Use or Disclosure of Confidential Information," and section 2-156-100, entitled "Post-Employment Restrictions on Assistance and Representation."

This summary outlines some of the restrictions that apply once you leave City service. To the extent this summary differs from the language of the Ordinance, the language of the Ordinance is controlling.

The post-employment restrictions are:

1. You are permanently prohibited from using or disclosing confidential information gained in the course of, or by reason of, your position with the City.
2. For one (1) year after leaving City service, you cannot, **assist or represent*** any person other than the City in any business transaction involving the City, if you participated personally and substantially in the subject matter of the transaction during City service.

***Assist or represent** involves a wide range of activities. The term has been interpreted to mean: making appearances before City agencies on behalf of others; making telephone contact with City employees and officials on behalf of others; signing or submitting proposals, contracts or other documents to City agencies; making contact with employees or officials on behalf of others; as well as acting as a spokesperson for another, or seeking to communicate and promote the interests of one party to another.

3. You are permanently prohibited from assisting or representing any person other than the City on any contracts over which you exercised **contract management authority*** during your City service.

***Contract management authority** means personal involvement in or direct supervisory responsibility for the formulation or execution of a City contract, including without limitation the preparation of specifications, evaluation of bids or proposals, negotiation of contract terms or supervision of performance.

4. You are **permanently** prohibited from assisting or representing any person other than the City in any judicial or administrative proceeding involving the City, if during your City service:

- (a) you were counsel of record; or
- (b) you participated personally and substantially in the proceeding.

5. Department heads and non-clerical employees of the Mayor's Office may not, for two (2) years after leaving City service, **lobby** any City department, employee or official.

***Lobby** means acting on behalf of another person, like an employer or client, to influence City decisions. Certain activities are not considered lobbying. Contact the Board of Ethics for more information.

6. Other Executive branch Shakman-exempt employees, and appointed officials, may not, for two (2) years after leaving City service, **lobby** a department or agency in which they served.

7. Please note that these restrictions do not prohibit you from accepting employment with anyone; however, they may restrict what you can do in your new employment.

8. Please also note that there is a **GOVERNMENT TO GOVERNMENT EXCEPTION**: these restrictions do not apply to former City officials or employees who become employed by and act on behalf of another government agency.

9. Please also note that the Board recognizes a "**trade-skill exception**": the Ordinance's goals are **not** furthered by prohibiting former City employees from performing trade skills they've developed and acquired, where no specialized knowledge of City-specific standards or regulations is involved.


The Board has applied this to electricians, machinists and opticians, for example. But whether any proposed post-City work falls into this exception is a determination that must be made by the Board of Ethics based on the specific facts.

10. Every City contract must include a provision that requires compliance with Chicago's Governmental Ethics Ordinance. Therefore, if your new employer has an interest in matters involving the City, it is imperative that you and your employer understand what, if any, post-employment restrictions apply to you. **Severe fines, cancellation of contracts, and nullification of regulatory decisions can result from violations of these revolving door restrictions.**

This summary is only an overview intended to help current and former City employees develop a basic understanding of their responsibilities under the Ordinance. For authoritative guidance on specific questions, consultation with the Board of Ethics is recommended. The Board will maintain the confidentiality requirements of the Ordinance. For assistance, call (312) 744-9660.

ACKNOWLEDGMENT BY EMPLOYEE: I hereby acknowledge that:

1. I received a copy of the foregoing "NOTICE TO CITY EMPLOYEES OF CITY ETHICS RULES CONCERNING POST-CITY EMPLOYMENT"; and
2. I understand that I can view and download the complete text of the City's Governmental Ethics Ordinance by accessing the website of the Board of Ethics at www.cityofchicago.org/Ethics/.

Signature: 

Name: JOHN J. HALLORAN

Date: 14 APR 17

CHICAGO BOARD OF ETHICS
APR 14 2017 15:00

Zamora, Rebecca A.

From: Pakula, Richard E.
Sent: Wednesday, April 12, 2017 12:34 PM
To: Zamora, Rebecca A.; Curry, Cynthia; Remiasz, Meagan M.; Scott, Niya Q.; Frierson, Keshia
Cc: Garcia, Virginia; Jackson, Jermeka J.
Subject: RE: D - H

All are clear confidential side and not relieved of police powers by BIA

From: Zamora, Rebecca A.
Sent: Wednesday, April 12, 2017 10:23 AM
To: Curry, Cynthia; Pakula, Richard E.; Remiasz, Meagan M.; Scott, Niya Q.; Frierson, Keshia
Cc: Garcia, Virginia; Jackson, Jermeka J.
Subject: D - H

15 May 2017

Davis	Kelly	A.	Retirement
Devitt	Michael	J.	Retirement
Doig	Jeffrey	T.	Retirement
Feliciano	Silivia	M.	Retirement
Forbes	Joan	M.	Retirement
Frazier	Michael	L.	Retirement
Garcia	Charles		Retirement
Gentile Jr.	Joseph		Retirement
Gillen	Maureen	H.	Retirement
Gomez	Miguel	A.	Retirement
Gonzalez	Mario	A.	Retirement
Gregoirewatkins	Jocelyn	M.	Retirement
Gushiniere	Lorene	D.	Retiremcnt
Gutierrez	Hiram		Retirement
Haese	Allison	C.	Retirement
Halloran	John	J.	Retiremcnt
Hankins	Carolyn		Retirement
Harris	Thomas	E.	Retirement
Harris	Ursula	L.	Retiremcnt
Hartmann	Allen	R.	Retirement
Hernandez	Job		Retirement

Zamora, Rebecca A.

From: Remiasz, Meagan M.
Sent: Friday, April 28, 2017 2:42 PM
To: Pakula, Richard E.; Zamora, Rebecca A.; Curry, Cynthia; Scott, Niya Q.; Frierson, Keshia
Cc: Garcia, Virginia; Jackson, Jermeka J.
Subject: RE: D - H

[REDACTED] EXCEPT HALLORAN, JOHN. I am in the process of clearing him through IPRA. As soon as I get a response, I will inform you of the response

Meagan Remiasz
Sergeant
Bureau of Internal Affairs
Records Division
Bell- 5-6327
Pax- 0603
X85008

From: Pakula, Richard E.
Sent: Wednesday, April 12, 2017 12:34 PM
To: Zamora, Rebecca A.; Curry, Cynthia; Remiasz, Meagan M.; Scott, Niya Q.; Frierson, Keshia
Cc: Garcia, Virginia; Jackson, Jermeka J.
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Cc: Garcia, Virginia; Jackson, Jermeka J.
Subject: D - H

15 May 2017

Davis	Kelly	A.	[REDACTED]	Retirement
Devitt	Michael	J.	[REDACTED]	Retirement
Doig	Jeffrey	T.	[REDACTED]	Retirement
Feliciano	Silivia	M.	[REDACTED]	Retirement
Forbes	Joan	M.	[REDACTED]	Retirement
Frazier	Michael	L.	[REDACTED]	Retirement
Garcia	Charles		[REDACTED]	Retirement
Gentile Jr.	Joseph		[REDACTED]	Retirement

Zamora, Rebecca A.

From: Remiasz, Meagan M.
Sent: Friday, May 05, 2017 9:04 AM
To: Pakula, Richard E.; Zamora, Rebecca A.; Curry, Cynthia; Scott, Niya Q.; Frierson, Keshia
Cc: Garcia, Virginia; Jackson, Jermeka J.
Subject: RE: D - H

Halloran is clear BIA Records

Meagan Remiasz
Sergeant
Bureau of Internal Affairs
Records Division
Bell- 5-6327
Pax- 0603
X85008

From: Remiasz, Meagan M.
Sent: Friday, April 28, 2017 2:42 PM
To: Pakula, Richard E.; Zamora, Rebecca A.; Curry, Cynthia; Scott, Niya Q.; Frierson, Keshia
Cc: Garcia, Virginia; Jackson, Jermeka J.
Subject: RE: D - H

ALL CLEAR BIA RECORDS EXCEPT HALLORAN, JOHN. I am in the process of clearing him through IPRA. As soon as I get a response, I will inform you of the response

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Bureau of Internal Affairs
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Cc: Garcia, Virginia; Jackson, Jermeka J.
Subject: RE: D - H

All are clear confidential side and not relieved of police powers by BIA


Employee Name:

Halloran, John J.

Employee #

ELECTRONIC PAR - RESIGNATION/RETIREMENT **PAR FORM ROUTER/CHECK-OFF LIST**

This PAR form router/check-off list is being generated as a guide to be utilized by staff members involved with processing PAR forms. This router is to be attached with every incoming PAR form and each phase of the process is to be completed by the staff member assigned to the tasks listed below:

ACTION	Date	Checked Off By:	Action Not Applicable
Date Printed from CLEAR HR report screen	12 Apr 17		
Electronic PAR reviewed			
IAD Notification (e-mail)	12 Apr 17		
IAD Notification Received (e-mail)	5 May 17		
End of Employment form received	24 Apr 17		
Post-Employment Ethics form received	24 Apr 17		
Copy of PAR to Administration	12 Apr 17		
Copy of PAR in Bin (cubicle D1) for Personnel Order	12 Apr 17		
Copy PAR, End of Employment, Ethics form in Bin (cubicle D1) for DHR submittal and processing (and other info if required)	25 Apr 17		
Copy of PAR to Civilian Pension			
Copy of PAR to Sworn Pension			
Resignation/Retirement Processed in CLEAR	16 May 17		
Leave card pulled from leave box			
Electronic PAR and other documents in Bin (Cubicle D1) for Personnel File			
Member submitted Equipment to Inventory Control and Administration			

OTHER MISC.-Please indicate action:

From: Zamora, Rebecca A.

Sent: Wednesday, April 12, 2017 10:23 AM

To: Curry, Cynthia; Pakula, Richard E.; Remiasz, Meagan M.; Scott, Niya Q.; Frierson, Keshia

Cc: Garcia, Virginia; Jackson, Jermeka J.

Subject: D - H

15 May 2017

Davis	Kelly	A.	Retirement
Devitt	Michael	J.	Retirement
Doig	Jeffrey	T.	Retirement
Feliciano	Silivia	M.	Retirement
Forbes	Joan	M.	Retirement
Frazier	Michael	L.	Retirement
Garcia	Charles		Retirement
Gentile Jr.	Joseph		Retirement
Gillen	Maureen	H.	Retirement
Gomez	Miguel	A.	Retirement
Gonzalez	Mario	A.	Retirement
Gregoirewatkins	Jocelyn	M.	Retirement
Gushiniere	Lorene	D.	Retirement
Gutierrez	Hiram		Retirement
Haese	Allison	C.	Retirement
Halloran	John	J.	Retirement
Hankins	Carolyn		Retirement
Harris	Thomas	E.	Retirement
Harris	Ursula	L.	Retirement
Hartmann	Allen	R.	Retirement
Hernandez	Job		Retirement
Hill	Keith	A.	Retirement
Homan	Debbra	J.	Retirement
Hurt	Gina		Retirement

Rebecca Zamora
Administrative Services Officer I
Chicago Police Department
3510 South Michigan Avenue
PAX 0349, BELL 5-5310

Gillen	Maureen	H.		Retirement
Gomez	Miguel	A.		Retirement
Gonzalez	Mario	A.		Retirement
Gregoirewatkins	Jocelyn	M.		Retirement
Gushiniere	Lorene	D.		Retirement
Gutierrez	Hiram			Retirement
Haese	Allison	C.		Retirement
Halloran	John	J.		Retirement
Hankins	Carolyn			Retirement
Harris	Thomas	E.		Retirement
Harris	Ursula	L.		Retirement
Hartmann	Allen	R.		Retirement
Hernandez	Job			Retirement
Hill	Keith	A.		Retirement
Homan	Debbra	J.		Retirement
Hurt	Gina			Retirement

Rebecca Zamora
Administrative Services Officer I
Chicago Police Department
3510 South Michigan Avenue
PAX 0349, BELL 5-5310

Hill	Keith	A.		Retirement
Homan	Debbra	J.		Retirement
Hurt	Gina			Retirement

Rebecca Zamora
 Administrative Services Officer I
 Chicago Police Department
 3510 South Michigan Avenue
 PAX 0349, BELL 5-5310

EMPLOYMENT RECORDS ROUTING SLIP										STAR NO.
PREPARE IN QUANTITY: BLUE COPY TO FINANCE DIVISION, PINK COPY TO FINANCE DIVISION, GREEN COPY TO F.B.I. - IDENTIFICATION, WHITE COPY TO CPD IDENTIFICATION SECTION										
PRESS HARD										
NAME (LAST - FIRST - M.I.): <u>HALLOKAN, JOHN G.</u>										
MAIDEN NAME										
ZIP CODE <u>60616</u>										
RES. DIST. UNIT										
MARITAL STATUS <u>M</u>										
SOCIAL SECURITY NO. [REDACTED]										
BIRTHDATE (MO-DAY-YR.) <u>1954</u>										
PLACE OF BIRTH <u>EVERGREEN PARK, IL</u>										
SEX <u>M</u>										
RACE <u>D</u>										
GRADE <u>N</u>										
STEP <u>S</u>										
C.S. STATUS										
BUDGET ACTIVITY SECTION PAGE LINE BUDGET RATE										
FED. TAX EXEMPT. STATE EXEMPT. MARRIED SINGLE										
DID YOU EVER WORK IN THE CITY SERVICE? IF YES, WHAT POSITION DID YOU HOLD?										
<input type="checkbox"/> YES <input type="checkbox"/> NO										
CHARITY AMT.										
COMMENTS										

ACTION INITIATED BY		DATE	EMPLOYMENT SECTION APPROVAL	DATE
CHICAGO POLICE DEPARTMENT			CHICAGO POLICE DEPARTMENT	
FINANCE DIVISION		Unit	DEC 13 1984	
CLEAR		DATE		
WARRANT		CHECKED BY	[REDACTED]	
CHICAGO POLICE DEPARTMENT				
NO RECORD				
RECORD ATTACHED				
DEC 14 1984		CHECKED BY	BY 272	
DATE				
SIGNATURE OF PERSON EXAMINING FILE				



City of Chicago
Employee Change of Address Form

Department POLICE Bureau A3Ve
Name HALLORAN, JOHN ✓
Position title DETECTIVE
Social Security number [REDACTED]

I understand and acknowledge that as a condition of employment with the City of Chicago I must be an actual resident of the City of Chicago.

Old Address [REDACTED] Zip Code 60638
New Address [REDACTED] Zip Code 60638
Effective Date 26 Sep 91
New Phone Number [REDACTED]

I understand that the falsification of this statement of address shall constitute grounds for discharge from the City Service.

I understand and acknowledge that I must report any change of address immediately to my department head and to the Department of Personnel and that failure to provide such notification shall constitute grounds for discharge from the City Service.

By signing this residency affidavit, I acknowledge and represent that I have fully read and understand **both the front and reverse sides** of this residency affidavit, and further certify that the information which I have provided herein is true and correct.



Signed [REDACTED]

Date 16 Sep 91

Complete and sign two copies.
First copy to departmental file.
Second copy to Department of Personnel.



City of Chicago
Employee Change of Address Form

Department POLICE Bureau DETECTIVE DIV.
Name HALLS, JOHN J.
Position title DETECTIVE
Social Security number [REDACTED]

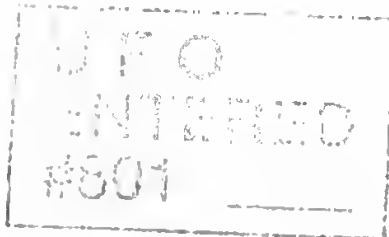
I understand and acknowledge that as a condition of employment with the City of Chicago I must be an actual resident of the City of Chicago.

Old Address [REDACTED] Zip Code 60616
New Address [REDACTED] Zip Code 60638
Effective Date 18 Apr 91
New Phone Number [REDACTED]

I understand that the falsification of this statement of address shall constitute grounds for discharge from the City Service.

I understand and acknowledge that I must report any change of address immediately to my department head and to the Department of Personnel and that failure to provide such notification shall constitute grounds for discharge from the City Service.

By signing this residency affidavit, I acknowledge and represent that I have fully read and understand **both the front and reverse sides** of this residency affidavit, and further certify that the information which I have provided herein is true and correct.



Signed [REDACTED]

Date 18 Apr 91

Complete and sign two copies.
First copy to departmental file.
Second copy to Department of Personnel.



City of Chicago
Employee Change of Address Form

Department CHICAGO POLICE Bureau OPERATIONAL SERVICES
Name HALLORAN, JOHN J.
Position title POLICE OFFICER
Social Security number [REDACTED]

I understand and acknowledge that as a condition of employment with the City of Chicago I must be an actual resident of the City of Chicago.

Old Address [REDACTED] Zip Code 60616
New Address [REDACTED] Zip Code 60638
Effective Date 10 NOV 87
New Phone Number [REDACTED]

I understand that the falsification of this statement of address shall constitute grounds for discharge from the City Service.

I understand and acknowledge that I must report any change of address immediately to my department head and to the Department of Personnel and that failure to provide such notification shall constitute grounds for discharge from the City Service.

By signing this residency affidavit, I acknowledge and represent that I have fully read and understand **both the front and reverse sides** of this residency affidavit, and further certify that the information which I have provided herein is true and correct.

Signed [REDACTED]

Date 10 NOV 87

Complete and sign two copies.
First copy to departmental file.
Second copy to Department of Personnel.



City of Chicago
Employee Residency Affidavit

(12)

Department CHICAGO POLICE Bureau 044
Name HALLORAN, JOHN J.
Position title PROBATIONARY POLICE OFFICER
Social Security number [REDACTED]

I understand and acknowledge that as a condition of employment with the City of Chicago I must be an actual resident of the City of Chicago.

My address is: [REDACTED]
CHICAGO, ILLINOIS zip code 60616

I understand that the falsification of this statement of address shall constitute grounds for discharge from the City Service.

I understand and acknowledge that I must report any change of address immediately to my department head and to the Department of Personnel and that failure to provide such notification shall constitute grounds for discharge from the City Service.

By signing this residency affidavit, I acknowledge and represent that I have fully read and understand both the front and reverse sides of this residency affidavit, and further certify that the information which I have provided herein is true and correct.

Signed [REDACTED]

Date 8 APR 85

Complete and sign two copies.
First copy to department file.
Second copy to Department of Personnel.



City of Chicago
Employee Change of Address Form

Department CHICAGO POLICE Bureau OPERATIONS
Name HALLORAN, JOHN J.
Position title POLICE OFFICER
Social Security number [REDACTED]

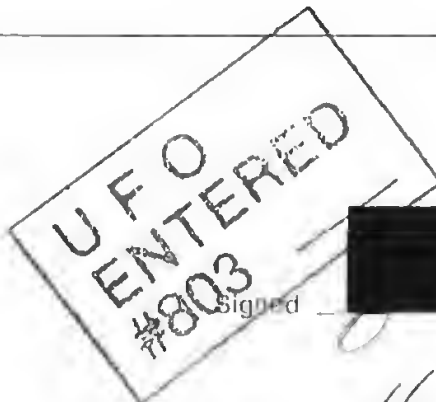
I understand and acknowledge that as a condition of employment with the City of Chicago I must be an actual resident of the City of Chicago.

Old Address [REDACTED] Zip Code 60616
New Address [REDACTED] Zip Code 60616
Effective Date 16 APR 86
New Phone Number [REDACTED]

I understand that the falsification of this statement of address shall constitute grounds for discharge from the City Service.

I understand and acknowledge that I must report any change of address immediately to my department head and to the Department of Personnel and that failure to provide such notification shall constitute grounds for discharge from the City Service.

By signing this residency affidavit, I acknowledge and represent that I have fully read and understand **both the front and reverse sides** of this residency affidavit, and further certify that the information which I have provided herein is true and correct.



Signed [REDACTED]

Date 16 APR 86

Complete and sign two copies.
First copy to departmental file.
Second copy to Department of Personnel

Personnel Division
Personnel Investigations

7 Sept. 1983

To: Commander, Personnel Investigations.

From: Det. W. R. Wojciechowski #8797-123.

Subject: Background investigation of John J. HALLO [redacted]
[redacted] Chicago Illinois, 60616. Phone [redacted]
Sec. Sec: Pom. [redacted] Exam #00010, 15 May, 1981,
for the position of Police Officer. Unit case #83-P-180.

Personnel

W. R. Wojciechowski #8797-123


Personnel Division
Personnel Investigations

22 Dec. 1984

To: Commander, Personnel Investigations.

From: Det. W. R. Wojciechowski #8797-123.

Subject: Update, background investigation of:
John J. HALLORAN of [REDACTED] Chicago Illinois,
60616. Phone [REDACTED] Exam 00010. Unit case
#83-P-180.



[REDACTED]

Det. W. R. Wojciechowski #8797-123



DEPARTMENT OF POLICE * CITY OF CHICAGO
3510 SOUTH MICHIGAN AVENUE * CHICAGO, ILLINOIS 60653

SWORN ELECTRONIC SIGNATURE VERIFICATION AFFIDAVIT

TO: COMMANDER, PERSONNEL DIVISION

FROM: NAME: HALLORAN, JOHN J.
RANK/TITLE: DETECTIVE

PC NUMBER: [REDACTED]

EMPLOYEE NUMBER: [REDACTED]

SUBJECT: VERIFICATION OF SECURE ELECTRONIC SIGNATURE

I HEREBY ACKNOWLEDGE THAT THE CHICAGO POLICE DEPARTMENT HAS ASSIGNED TO ME A UNIQUE COMPUTER SYSTEM IDENTIFIER, KNOWN AS A "PC LOG-IN IDENTIFIER." I ACKNOWLEDGE THAT IT IS MY DUTY TO RETAIN CONTROL OF AND MAINTAIN THE SECRECY OF THE PASSWORD WHICH I HAVE CREATED FOR USE IN CONNECTION WITH MY PC LOG-IN IDENTIFIER. I FURTHER ACKNOWLEDGE THAT MY PC LOG-IN IDENTIFIER, AS VERIFIED BY MY PASSWORD, SHALL ACT AS MY ELECTRONIC SIGNATURE AND SHALL HAVE THE FULL LAWFUL EFFECT AS THAT OF MY WRITTEN SIGNATURE.

SIGNATURE: [REDACTED]

DATE: 17 FEB 07

WITNESS' SIGNATURE: [REDACTED]

DATE: 17 FEB 07

SWORN FIRST AMENDMENT JUDGEMENT AFFIDAVIT
CHICAGO POLICE DEPARTMENT/PERSONNEL DIVISION

TO: COMMANDER OF POLICE PERSONNEL

FROM: NAME: HALLORAN, JOHN V.

TITLE: DETECTIVE

SOCIAL SECURITY NO: 

SUBJECT: RECEIPT OF FIRST AMENDMENT JUDGEMENT

I HEREBY ACKNOWLEDGE THAT I HAVE RECEIVED A COPY
OF THE UNITED STATES DISTRICT COURT FIRST AMENDMENT
JUDGEMENT.

SIGNATURE: 

DATE: 25 Jan 03

SWORN ELECTRONIC SIGNATURE VERIFICATION AFFIDAVIT
CHICAGO POLICE DEPARTMENT / PERSONNEL DIVISION

TO: COMMANDER OF POLICE PERSONNEL

FROM: NAME: JOHN J. HALLORAN

TITLE: DETECTIVE

EMPLOYEE NUMBER: [REDACTED]

SUBJECT: VERIFICATION OF SECURE ELECTRONIC SIGNATURE

I HEREBY ACKNOWLEDGE THAT THE CHICAGO POLICE DEPARTMENT HAS ASSIGNED TO ME A UNIQUE COMPUTER SYSTEM IDENTIFIER, KNOWN AS A "PC LOGIN IDENTIFIER." I ACKNOWLEDGE THAT IT IS MY DUTY TO RETAIN CONTROL OF AND MAINTAIN THE SECRECY OF THE PASSWORD WHICH I HAVE CREATED FOR USE IN CONNECTION WITH MY PC LOG-IN IDENTIFIER. I FURTHER ACKNOWLEDGE THAT MY PC LOG-IN IDENTIFIER, AS VERIFIED BY MY PASSWORD, SHALL ACT AS MY ELECTRONIC SIGNATURE AND SHALL HAVE THE FULL LAWFUL EFFECT AS THAT OF MY WRITTEN SIGNATURE.

SIGNATURE: [REDACTED]

DATE: 21 Jan 05

WITNESS SIGNATURE: [REDACTED]

DATE: 24 Jan 05

City of Chicago
Department of Personnel
Room 1100 — City Hall
121 N. LaSalle Street
Chicago, Illinois 60602

PERSONNEL DATA FORM

PLEASE PRINT • PRESS FIRMLY

FOR OFFICE USE:

DATE

NAME		SOCIAL SECURITY NUMBER		BIRTHDATE	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
Last	First	M.I.		WORK PHONE	DRIVER'S LICENSE NO.	


WHITE DEPARTMENT OF PERSONNEL COPY
AN EQUAL OPPORTUNITY — AFFIRMATIVE ACTION EMPLOYER

PSH 601 REV 8/51

SIGNATURE

DESIGNATION OF BENEFICIARY

In accordance with the provisions of the "LAW ENFORCEMENT OFFICERS, CIVIL DEFENSE WORKERS, CIVIL AIR PATROL MEMBERS, PARAMEDICS and FIREMEN COMPENSATION ACT," I hereby designate the following as beneficiary, or beneficiaries, in the event that the \$50,000.00 benefits are payable by reason of my death in the line of duty.

Complete name and address of each beneficiary	Relationship, if any	Cash amount or percentage shares
		

Print Name (first, middle, last):

JOHN JOSEPH HALLOREN SR.

Address



CHGO. IL 60638

Date of Birth



1959

Social Security Number



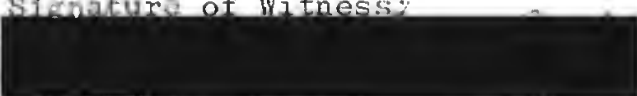
Place of Employment under the Act

CHICAGO POLICE DEPT

Address

1121 S. STATE

Signature of Witness:



Signature of Person Designating Benefits:



Address of Witness:

1121 S. STATE

Date:

4 AUG 88

(12)

TO: Attorney General of Illinois
Room 300 - 188 W. Randolph St.
Chicago, Illinois 60601

DESIGNATION OF BENEFICIARY

In accordance with the provisions of the "LAW ENFORCEMENT OFFICERS, CIVIL DEFENSE WORKERS, CIVIL AIR PATROL MEMBERS, PARAMEDICS AND FIREMEN COMPENSATION ACT," I hereby designate the following as beneficiary or beneficiaries, in the event that the \$50,000 benefits are payable by reason of my death in the line of duty:

<u>Complete Name & Address</u> <u>of Each Beneficiary</u>	<u>Relationship,</u> <u>if any</u>	<u>% Share</u>
--	---------------------------------------	----------------

[REDACTED]		
------------	--	--

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Print Name JOHN J. HALLORAN
(first) (middle) (last)

Address: [REDACTED] CHICAGO, ILL. 60614

Date of Birth: [REDACTED] 59 Social Security #: [REDACTED]

Place of Employment under the Act: Chicago Police Department

Address: 1121 South State St. Chicago, Illinois 60605

[REDACTED]
(Signature of Witness)

[REDACTED]
(Address of Witness)

[REDACTED]
(Signature of Person Designating Benefits)

8 APR 85
(Date)

STATE OF ILLINOIS,)

County of Cook,

I, STANLEY T. JOSEPH, JR., County Clerk of the County of Cook, do hereby certify that the aforesaid, and Keeper of the Records and Files of said County, do hereby certify that the attached is a true and correct copy of the original Record on file, all of which appears from the records and files in my office.

IN WITNESS WHEREOF, I have hereunto set my hand and



COOK COUNTY, ILLINOIS



UFO
ENTERED
#808

NOTARY PUBLIC

STATE OF ILLINOIS
County of Cook
CITY OF CHICAGO

17389

STAR

I, John J. Halloran (PRINT) having been appointed to the
office of Police Officer
do solemnly swear that I will support the Constitution of the United States, and the Constitution of the
State of Illinois, and that I will faithfully discharge the duties of the office of such, according to the
best of my ability.

Subscribed and sworn to before me, this

21 day of June 1985.



ADDRESS

(PRINT)

CHGO, IL 60612



NOTARY PUBLIC

EMERGENCY NOTIFICATION UPDATE
CHICAGO POLICE DEPARTMENT

UNIT OF ASSIGNMENT

JOB TITLE

DATE

610

9165

2 AUG-01

INSTRUCTIONS: PLEASE TYPE OR PRINT

MEMBER'S NAME (LAST - FIRST - M.I.)

STAR/BADGE NO.

EMPLOYEE NO.

SOCIAL SECURITY NO.

HALLORAN, JOHN

20453

PRIMARY EMERGENCY NOTIFICATION

CPD-62.343 (REV. 9/00)

EMERGENCY NOTIFICATION UPDATE
CHICAGO POLICE DEPARTMENT

UNIT OF ASSIGNMENT

JOB TITLE

DATE

610

9165

5 NOV 98

INSTRUCTIONS: PLEASE TYPE OR PRINT

MEMBER'S NAME (LAST - FIRST - M.I.)

STAR/BADGE NO.

EMPLOYEE NO.

SOCIAL SECURITY NO.

HALLORAN, JOHN

20453

PRIMARY EMERGENCY NOTIFICATION

CPD-62.343 (8/98)

HALLORAN, JOHN JOSEPH
NAME

HOME PHONE

STUDENT NO.

59

CHICAGO

PERSONNEL ACTION REQUEST

CHICAGO POLICE DEPARTMENT

MEMBER TO BE AFFECTED (LAST NAME-FIRST MI)

HALLORAN, JOHN G

STATIONING NO

17429

TODAY'S DATE

14-JUL-88

IT ASSIGNED

7:10

ROUTING
PERSONNEL DIV.
USE ONLY

EMPLOYMENT

CLASS & PAY

BONDS & INSUR.

TERMINAL
OPERATIONS

RECORDS

JACKET FILE

MEDICAL

EFFECTIVE DATE

30-JUL-88

JOB TITLE

9161

TYPE OF ACTION

CHECK TYPE OF ACTION HERE
(DO NOT CHECK MORE THAN ONE)

INFORMATION REQUIRED
(SPECIFY IN "REMARKS SECTION" BELOW)

SIGNATURES
REQUIRED

EXCUSED WITHOUT PAY-DISCIPLINARY

GIVE DATE ACTION IS EFFECTIVE, CIRCUMSTANCES AND C.R. NO.

UNIT C.O.

EXCUSED WITHOUT PAY-NON DISCIPLINARY

GIVE DATE ACTION IS EFFECTIVE AND CIRCUMSTANCES

UNIT C.O.

LEAVE, DISABILITY PENSION (DUTY RELATED)

ATTACH MEDICAL REPORTS (COMPLETE REVERSE SIDE)

MEMBER,
CHIEF POLICE SURGEON

LEAVE, DISABILITY PENSION (NON-DUTY RELATED)

ATTACH MEDICAL REPORTS (COMPLETE REVERSE SIDE)

MEMBER,
CHIEF POLICE SURGEON

LEAVE, MILITARY (ANNUAL ENCAMPMENT-14 DAYS MAX.)

GIVE DATES, ATTACH COPY OF OFFICIAL ORDERS (COMPLETE REVERSE SIDE)

MEMBER, UNIT C.O.,
AREA CHIEF OR DIVISION C.O.

LEAVE, MILITARY-WITHOUT PAY

GIVE DATES, ATTACH COPY OF OFFICIAL ORDERS (COMPLETE REVERSE SIDE)

MEMBER, UNIT C.O.,
AREA CHIEF OR DIVISION C.O.

LEAVE, OTHER (29 DAYS AND UNDER)

GIVE REASON AND RETURN DATE (COMPLETE REVERSE SIDE)

MEMBER, UNIT C.O.,
AREA CHIEF OR DIVISION C.O.

LEAVE, OTHER (30 DAYS AND OVER)

GIVE REASON & LENGTH OF LEAVE REQUESTED (COMPLETE REVERSE SIDE). ATTACH PER-73,
CITY REQUEST FOR LEAVE, AND PER 78, EXIT INTERVIEW REPORT

MEMBER, UNIT C.O., AREA CHIEF OR
DIVISION C.O., DEP. SUPT -B A.S.

LEAVE, EXTENSION OF

GIVE DATES & REASON (COMPLETE REVERSE SIDE). ATTACH PER-73, CITY REQUEST FOR LEAVE

MEMBER

MARRIAGE LEAVE

GIVE DATES REQUESTED FOR LEAVE, DATE OF CEREMONY & SPOUSE'S NAME

MEMBER, UNIT C.O.

NAME CHANGE

GIVE NEW NAME, IF OTHER THAN BY MARRIAGE, ATTACH VERIFICATION

MEMBER, UNIT C.O.

RESIGNATION TO ACCEPT RETIREMENT PENSION

GIVE DATE
ATTACH PER 78, EXIT INTERVIEW REPORT.
AS SOON AS RESIGNATION IS ACTED ON BY THE COMMANDING
OFFICER, THE COMMANDING OFFICER WILL NOTIFY THE INTER-
NAL AFFAIRS DIV. & PAYROLL/FINANCE DIV. BY FAX/PHONE

MEMBER, UNIT C.O.,
AREA CHIEF OR DIVISION C.O.

RESIGNATION

GIVE DATE AND REASON

MEMBER, UNIT C.O.,
AREA CHIEF OR DIVISION C.O.

RECOGNIZED OPENING BID

COMPLETE PERSONNEL TRANSFER & ASSIGNMENT SECTION BELOW

MEMBER

RECOGNIZED VACANCY BID

COMPLETE PERSONNEL TRANSFER & ASSIGNMENT SECTION BELOW

MEMBER

TRANSFER REQUEST

COMPLETE PERSONNEL TRANSFER & ASSIGNMENT SECTION BELOW

MEMBER, UNIT C.O., AREA CHIEF OR
DIVISION C.O., DEP. SUPT

REMARKS SECTION

DATES REQUESTED FOR LEAVE - 30, 31 JUL, 1 AUG 88.

PERSONNEL TRANSFER & ASSIGNMENT SECTION

UNIT OF ASSIGNMENT REQUESTED	HOME ADDRESS	HOME TELEPHONE NO	SENIORITY DATE	TITLE CODE	GRADE
DATE ASSIGNED TO PRESENT UNIT	DATE OF BIRTH	<input type="checkbox"/> UNIT NOTICE OF RECOGNIZED OPENING NO.: <input type="checkbox"/> RECOGNIZED VACANCY LISTING TELETYPE MESSAGE NO.:		POSITION REQUESTED	

SIGNATURE	SIGNATURE
<input checked="" type="checkbox"/> RECOMMEND APPROVAL <input type="checkbox"/> DISAPPROVAL	<input checked="" type="checkbox"/> RECOMMEND APPROVAL <input type="checkbox"/> DISAPPROVAL

<input type="checkbox"/> RECOMMEND APPROVAL <input type="checkbox"/> DISAPPROVAL	SIGNATURE	<input checked="" type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED
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COMMENTS ☐ MEMBER NOTIFIED OF LEAVE RETURN POLICY


A.D. CLEARANCE
AS OF:



4-8-85

AFFIDAVIT

TO: Director of Personnel

FROM: Name JOHN J. HALLORAN
Title PROBATIONARY POLICE OFFICER
Social Security No. 

SUBJECT: Receipt of First Amendment Judgment

I hereby acknowledge that I have received a copy of General Order 82-10
regarding the United States District Court First Amendment Judgment.

Signed:



Date:

12-3 OCT 85

RETURN THIS AFFIDAVIT TO THE PERSONNEL DIVISION, ROOM 803, 1121 S. STATE,
FOR PLACEMENT IN MEMBER'S PERSONNEL FILE.

25 November 1986

PERSONNEL ORDER NO. 86-329

A DEPARTMENT COMMENDATION is hereby awarded to:

Sergeant	THEODORE RAAB	Star 980	011 District
Police Officer	CHESTER DZIERZYNSKI	Star 13159	011 District
Police Officer	CHARLES ELMER	Star 17681	011 District
Police Officer	JOHN HALLORAN	Star 17429	011 District
Police Officer	MICHAEL HUGHES	Star 11919	011 District
Police Officer	MICHAEL MEALER	Star 4760	011 District
Police Officer	MICHAEL SOBON	Star 17348	011 District
Police Officer	CHARLES MORGAN	Star 13953	011 District

for their coordinated and effective actions.

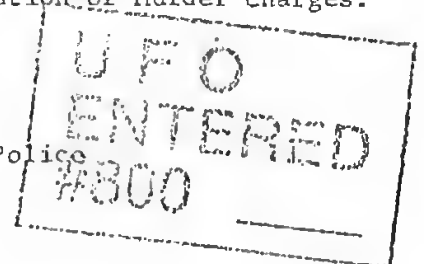
Sergeant Raab was stopped by a citizen and informed that his cousin and a girlfriend, who were wanted for questioning regarding a homicide in Gary, Indiana were hiding in a basement apartment at 4038 West Wilcox Street. The sergeant obtained a description of the two individuals, requested back-up units, and positioned the officers to cover all possible escape routes.

Officers Halloran and Mealer, along with Sergeant Raab, conducted a search of the basement and located the wanted female. A short time later Officers Hughes and Dzierzynski observed the wanted man walking at 4037 West Monroe Street. A violent struggle ensued and this individual made good his escape. The surrounding area was cordoned off and a systematic search was conducted.

A short time later this individual was found hiding in a vacant lot at 3927 West Monroe Street by Officers Hughes and Elmer. Once more a violent struggle ensued. With the assistance of Officers Dzierzynski, Sobon, and Morgan the offender was subdued and handcuffed. Both arrestees were turned over to Indiana authorities for prosecution of Murder charges.

Fred Rice
Superintendent of Police

Authenticated:



DISTRIBUTION: A. To personnel concerned. To be read at roll calls where personnel affected are assigned.

PERSONNEL ORDER NO. 86-329

PERSONAL HISTORY QUESTIONNAIRE

CHICAGO POLICE DEPARTMENT

3. NAME (LAST - FIRST - M.I.) (PRINT)

HALLORAN JOHN J.

1. POSITION APPLIED FOR

OTHER - SPEC

☒ POLICE OFFICER

☐

2. DATE

December 7, 1982

4. MAIDEN NAME (if appl.)

NA

5. HOME PHONE

6. BUSINESS PHONE

7. HOME ADDRESS (STREET NO. & NAME)

8. PT. NO.) (COUNTY)

(CITY & STATE, ZIP CODE)

9. SOCIAL SECURITY NO.

COOK

CHICAGO, IL. 60616

INSTRUCTIONS

IT IS IMPORTANT TO READ THESE INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS QUESTIONNAIRE.

You must be complete and truthful in all your answers. All answers that you give in this application are subject to verification. Any failure to report completely or any untruthful answers may subject you to rejection as a candidate. All information will be considered strictly confidential and will not be disclosed to any unauthorized person.

In this questionnaire, a number of items ask for simple "yes" and "no" answers and do not require any explanation. However, if you wish to explain your answers, use the continuation section. Before each explanation write the reference number of the item. Use this section in the same manner, if your answers need more space than provided.

Do not leave any question blank. If a question does not apply to you, write "NA" (abbreviation for "Not Applicable"). Your answers must be legible.

RIGHT TO APPEAL

If the Chicago Police Department finds you to be "not qualified," this finding will be forwarded to the Department of Personnel.

After the Department of Personnel receives the finding that you are to be found "not qualified," the Department will send to you by mail a form that asks whether you desire a hearing. If you wish a hearing, check the appropriate box and mail the form back to the Chicago Department of Personnel. If you do not mail the form to the Department within ten days, no hearing will be held and the Chicago Police Department recommendation that you are "not qualified" will be accepted by the Department of Personnel.

If you desire a hearing, you may be represented by counsel at such hearing. Any hearing before the Department will be conducted in accordance with the Rules of the Department of Personnel.

I understand that all of the appeal procedures are available to all candidates and that additional opportunities will be made available to provide clarification of the items on the questionnaire.

I have read and I understand all of the above instructions applying to this (police officer) preinterview questionnaire.

9. SIGNATURE

DATE

DECEMBER 7, 1982

10. LIST ANY OTHER NAMES, ALIASES  HAVE USED, OR BEEN KNOWN BY

NA

11. DRIVER LICENSE NO. / EXPIRATION DATE

12-3-85

12. BIRTH DATE (Day-Mo.-Yr.) & PLACE OF BIRTH (City & State or Country)

13. Sex

14. Age

15. Height

16. Wgt.

17. Color Eyes

18. Color Hair

04/11/1968 (1968) 3020

ILLINOIS

M

33

6'

185

BRN

BRN







CONTINUATION SECTION

Indicate in the left hand column the number of the question you are answering, then complete your answer in the space provided.

QUESTION
NO.

CONTINUATION OF ANSWER

SIGNATURE

DATE



TO WHOM IT MAY CONCERN:

I respectfully request that you forward to the Chicago Police Department any and all information that you may have concerning me, my work record, or my reputation. Also, please give any information that may appear in my personnel file. This information is to be used to determine my qualifications and fitness for the position I am seeking with the Chicago Police Department.

I hereby release you and/or your employer from any liability and damage of whatsoever nature on account of furnishing the information requested above.

NAME PRINTED

JOHN JOSEPH HALLOREN

SIGNATURE



DATE

December 7, 1982